

August 2012

RE: **Osborne Place Apartments**

Dear Applicant:

Attached you will find the Housing Intake Form for Osborne Place Apartments, located at 12230 W. Osborne Place, Pacoima, CA 91331

Please review the following eligibility criteria for this project:

- 1- Homeless or chronically homeless
- 2- Primary applicant (18 years or older) must have a diagnosed mental disability.
- 3- Total household income not exceeding 30% of the Los Angeles County Area Median Income as indicated in the chart below:

Unit Size	1 Person Max. Income	2 Person Max. Income	3 Person Max. Income	4 Person Max. Income	5 Person Max. Income	6 Person Max. Income
**0	\$17,730					
**1	\$17,730	\$20,250				
2			\$22,770	\$25,290		
3					\$27,330	\$29,340

If you have an approved MHSA Certification Application by Los Angeles County Department of Mental Health (LACDMH), please attach to the Housing Intake Form.

**** Due to the high volume of Housing Intake Forms received we are no longer accepting referrals for zero and one bedroom apartments unless they have been approved for MHSA Housing Program by the Los Angeles County Department of Mental Health (LACDMH). Applicants for zero and one bedroom will be considered only if the approved MHSA Certification Application and supporting documents are attached.**

You can submit the completed Housing Intake Form and supporting documents via mail OR fax to:

Osborne Place Apartments
P.O Box 761007
Los Angeles, CA 90076-1007
Fax (213) 368-1171

Upon review of the documentation, we will send you a complete application package or an Unable to Accommodate (UTA) letter.

Thank you for your interest in applying for an apartment at Osborne Place Apartments!



Updated 8/7/2012



A Community of Friends (ACOF) Housing Intake Form

OFFICIAL USE

Received by: _____ Response Date: _____
Date Received: _____ Date Updated: _____
Time Received: _____ W-L# _____
(YYYYMMDD##)

What property are you applying for? Osborne Place Apartments

Have you ever applied for housing at an ACOF building? ☐ Yes ☐ No

Have you ever lived in an ACOF building? ☐ Yes ☐ No

If you answered "Yes" to any of the above questions, which property(ies)? _____

Applicant Name: _____ Household size: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Please list the names, date of birth (DOB) and relationship of ALL members of the household applying for housing.

Names of All Household Members	DOB	Relationship	Last 4 digits of SS#	Source(s) of Income	Monthly Income	Full Time Student?
		Self			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
					\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
					\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
					\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
					\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
					\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please complete questions A to E.

A. Do you have a diagnosed disability? ☐ Yes ☐ No

B. Where are you currently living? (If applicable, please check the box that applies and list the name of the facility.)

☐ Transitional Program _____ ☐ Shelter _____
☐ Crisis Program _____ ☐ Other: _____

C. How long have you been homeless? _____

D. If known, which Service Provider Area (SPA) are you in? _____

E. Case Manager information (if any):

Service Provider/Case Manager: _____ Title: _____

Agency Name: _____ Address: _____

Phone Number: _____ Fax Number: _____ Email Address: _____

***OPTIONAL:** -I hereby authorize my case manager to receive information regarding my application and further authorize Property Management to exchange and release personal records regarding my application with/to my case manager. _____
(Applicant Initials)

-I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.

-I/we understand that false statements or information are punishable under federal law and are cause for denial of housing and will be grounds for immediate termination and cancellation of the rental agreement at the option of the landlord.

Applicant Signature

Date

Service Provider/Case Manager Signature

Date



*Please mail or fax the completed form directly to:
Osborne Place Apartments, P.O Box 761007, Los Angeles CA 90076-1007
Fax (213) 368-1171

Unsigned forms will not be accepted.

Note: If applicant requires an interpreter or has a disability that requires special accommodations, please contact the Property Management Company so that reasonable accommodations can be made to meet applicants needs.

Updated: June 15th, 2012

